



**Reply To:**

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[Stacey@sunshinesafety.org](mailto:Stacey@sunshinesafety.org)

A Non-Governmental, Non-Profit Public Service Organization

**Onsite Class Request**

What class(es) are you interested in: \_\_\_\_\_

Estimated Student Count: \_\_\_\_\_ Prerequisites met: **Yes** **No** **Pending**

Preferred Dates: \_\_\_\_\_ Alternate Dates: \_\_\_\_\_

Class Location: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*To be filled in by Sunshine Safety Staff:*

Class	New Certification Cost		Renewal Students	
	Up to ___ students	Add'l Students	Up to ___ students	Add'l Students

***This quote is not a contract or a bill. You will not be billed until after acceptance of this quote.***

***Payment will be due prior to the delivery of service or goods (unless otherwise stated).***

Customer Acceptance

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Customer Signature

Printed Name

Date

[Return to: stacey@sunshinesafety.org](mailto:stacey@sunshinesafety.org)